CDSS
WILL LIGHTBOURNE
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
Community Care Licensing Division
Statewide Children's Residential Program
744 P Street, Sacramento, CA 95814

EDMUND G. BROWN JR.
GOVERNOR

January 08, 2016

WOODWARD YOUTH CORP. EAGLE/CRYSTAL/OAK
COTTAGES- 602300082
4502 230TH STREET
WALLINGFORD, IA 51365

SUBJECT : **Re-Certification by the California Department of Social Services (CDSS)**

Capacity : **63** Population served: **Female youth age 12-17**

Pursuant to California Family Code, Section 7911 et al., this is notification that certification for Woodward Youth, Inc., Eagle, Crystal and Oak Cottages is continued through December 2016.

Certification will be re-reviewed annually or more often should non-compliance with California Title 22 licensing standards as they apply to California Group homes become questionable or at issue. Additionally, serious incidents must be reported to the CDSS Out-of-State Placement Policy Unit for each child in care regardless of whether he is a California Placement. Incident reporting shall include the following:

a. Deaths
b. Suicide attempts
c. Suspected physical, sexual, or psychological abuse
d. Epidemic outbreaks and catastrophes
e. Injuries and illnesses that require hospitalization or medical treatment (beyond first aid)
f. Use of restraint (whether or not they result in an injury to a child)
g. Any unusual incident or absence that threatens the health or safety of a child

While certified, we will continue to follow our Department policy which authorizes us to inspect facilities with or without an appointment as necessary.

If you have any questions, please contact me at (916) 651-5380; or Certification Analyst Carol Lancaster at (916) 838-5751.

Sincerely,

Original Signed by
Marisa Sanchez, Manager I
Children's Residential Program
Community Care Licensing

C: CDSS - CFSD Out-of-State Placement and Policy Unit/Deputy Compact Administrator

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

FACILITY EVALUATION REPORT

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 744 P STREET, MS 8-3-64
SACRAMENTO, CA 95814

FACILITY NAME:	WOODWARD YOUTH CORP. - ELLINWOOD		**FACILITY NUMBER:**	602300084
ADMINISTRATOR:	JENNIFER SIEVERT		**FACILITY TYPE:**	731
ADDRESS:	4410 210TH STREET		**TELEPHONE:**	(712) 362-5608
CITY:	ESTERVILLE	**STATE:** IA	**ZIP CODE:**	51334
CAPACITY:	12	**CENSUS:** 12	**DATE:**	10/28/2015
TYPE OF VISIT:	Case Management	UNANNOUNCED	**TIME BEGAN:**	10:18 AM
MET WITH:	Jennifer Sievert, Executive Director; Shawn Connelly, Assistant Director; Chad Jacobson, Group Living Director		**TIME COMPLETED:**	03:34 PM

NARRATIVE

PURPOSE OF VISIT:

On October 28, 2015, Analyst Carol Lancaster conducted an annual on-site re-certification inspection pursuant to California Family Code Section 7911 et al. at the facility referenced above.

CERTIFICATION HISTORY:

The facility was initially certified by the California Department of Social Services, Community Care Licensing Division (CDSS-CCLD) as out-of-state group home on April 29, 2009; and has been re-certified annually since.

PROGRAM AND FACILITY INFORMATION; POPULATION SERVED:

On December 1, 2014, the facility underwent an ownership and name change. Formerly, the parent (non-profit) agency was Youth & Family Resource Services. The facility is now under parent agency Woodward Youth Services. Woodward Youth Services, Inc. runs another CDSS certified facility in Iowa, Woodward Academy, which serves 250 male adolescents, most of whom are adjudicated delinquents. Many youth at Woodward Academy are from California, placed by California probation agencies. Through this acquisition, this facility, as well as two others (formerly all known as "Forest Ridge Academy" facilities) are now part of the larger Woodward Youth Services, Inc., which expands resources and expertise.

The facility continues to serve twelve female youth between the ages of 12 and 17, most of whom are adjudicated delinquents.

SUPERVISOR'S NAME: Marisa Lopez **TELEPHONE:** (916) 651-0631

LICENSING EVALUATOR NAME: Carol Lancaster **TELEPHONE:** (916) 838-5751

LICENSING EVALUATOR SIGNATURE:

DATE: 01/08/2016

Carol Lancaster

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/08/2016

Jennifer Sievert

This report must be available at Child Care and Group Home facilities for public review for 3 years.

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: WOODWARD YOUTH CORP. - ELLINWOOD

FACILITY NUMBER: 602300084
VISIT DATE: 10/28/2015

NARRATIVE

In addition to the parent agency change, there have been some other changes as well:

- Following the semi-retirement of Sherry Williams, the position of Admissions and Marketing Director has been split in two: Lynn Morris-McEwan, is now Admissions, Marketing and HIPAA Compliance Officer, and Nikki Lawson is Child Welfare and Emergency Services and Admissions Coordinator.
- New Clinical Director hired, Sara Adkins, LISW.
- Jessie Jungck will serve as the agency's Behavioral Health Services/Quality Assurance Manager.
- Nikki Lawson certified to provide Trauma Informed Care Level 2 training.

The census at the time of visit was 12. States with youth in placement include: Iowa, South Dakota and California.

(NOTE: For a complete description and overview of the agency/facility as well as it's program, purpose methods and goals, reference the initial certification report.)

CA PLACEMENTS AND PLACING AGENCIES:

At the time of this year's visit, there were two CA foster youth in placement at Ellinwood: One placed by Sacramento County Probation; one by Los Angeles County Probation.

IOWA LICENSING INFORMATION:

Ellinwood's current license under the State of Iowa, Department of Human Services, was issued December 1, 2014 and is good for three years (expires September 1, 2017.) The facility is on a three-year licensing cycle. The most recent Iowa Licensing report issued reflects an unannounced visit last being conducted on August 12, 2014. The facility was cited for one minor recordkeeping deficiency. The report notes no deficiencies related to unannounced visits conducted over the previous three years (August 2011; September 2012; November 2013.) The facility is in good standing with Iowa licensing authorities and no administrative actions are pending. There were no complaint investigations during the last year.

SUPERVISOR'S NAME: Marisa Lopez **TELEPHONE:** (916) 651-0831

LICENSING EVALUATOR NAME: Carol Lancaster **TELEPHONE:** (916) 838-5751

LICENSING EVALUATOR SIGNATURE:

DATE: 01/06/2016

Carol Lancaster

I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/08/2016

Jennifer Nevert

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: WOODWARD YOUTH CORP. - ELLINWOOD

FACILITY NUMBER: 602300084
VISIT DATE: 10/28/2015

NARRATIVE

FIRE CLEARANCE

Inspection documentation of the Iowa State Fire Marshall reflects that the facility was last inspected July 6, 2015 and deemed to be in substantial compliance with fire codes.

ACCREDITATIONS:

The parent agency the facility is under operates its own school located nearby in Gruver, Iowa. The school is under contract with the Estherville Lincoln Central Community School District. Schooling includes academic, vocational and physical educational curriculum. Buses transport the girls to and from school.

In February 2015, the agency was re-accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) for another three years (March 2015 through March 2018.)

SCOPE OF RE-CERTIFICATION EVALUATION:

- Entrance interview; facility/program discussion with Jennifer Sievert, Executive Director; Shawn Connelly, Assistant Director; Chad Jacobson, Group Living Director
- Collection of updated and current organizational and program information material.
- Verification that "Handle with Care (Crisis Intervention)" Trainer certifications are up to date.
- Most recent fire department inspection records collected and reviewed.
- Examination of furniture, bedding, equipment and supplies, kitchen, menus, food supply, storage space, medical office, recreation space, and school/educational related space and amenities.
- Exit interview.

SUPERVISOR'S NAME: Marisa Lopez
TELEPHONE: (916) 651-0631

LICENSING EVALUATOR NAME: Carol Lancaster
TELEPHONE: (916) 838-5751

LICENSING EVALUATOR SIGNATURE:

DATE: 12/28/2015

Carol Lancaster

I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 12/28/2015

Jennifer Sievert

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 744 P STREET, MS 8-3-54
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FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: WOODWARD YOUTH CORP. - ELLINWOOD

FACILITY NUMBER: 602300084
VISIT DATE: 10/28/2015

NARRATIVE

FINDINGS AND RECOMMENDATION:

Facility found to be clean, safe, sanitary and in good repair. No deficiencies observed.

Re-certification is approved through October 2016.

SUPERVISOR'S NAME: Marisa Lopez
TELEPHONE: (916) 651-0631

LICENSING EVALUATOR NAME: Carol Lancaster
TELEPHONE: (916) 838-5751

LICENSING EVALUATOR SIGNATURE:

DATE: 01/08/2016

Carol Lancaster

I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/08/2016

Jennifer Nevers